

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of PAMELA YORK and U.S. POSTAL SERVICE,
POST OFFICE, Dallas, TX

*Docket No. 02-1534; Submitted on the Record;
Issued November 26, 2002*

DECISION and ORDER

Before ALEC J. KOROMILAS, COLLEEN DUFFY KIKO,
MICHAEL E. GROOM

The issue is whether appellant met her burden of proof to establish that she sustained a recurrence of disability causally related to the November 19, 1992 employment injury.

The Board has duly reviewed the case record in the present appeal and finds that appellant has not met her burden of proof to establish a recurrence of disability causally related to her accepted November 19, 1992 employment injury.

On November 27, 1992 appellant, then a 36-year-old postal source data system technician, filed a claim for employment-related lumbar and left knee injuries she sustained on November 19, 1992 when she slipped and fell while in the performance of duty. She stopped work on November 23, 1992. The Office of Workers' Compensation Programs accepted appellant's claim on December 14, 1992 for a left knee sprain and lumbar strain. On January 18, 1993 Dr. Edwin H. Charnock, appellant's treating Board-certified neurologist, released her to return to work eight hours a day, with certain physical restrictions. On February 3, 1993 appellant accepted a limited-duty job offer and returned to work on February 4, 1993.

On October 20, 2000 appellant filed a notice of recurrence of disability causally related to her accepted employment injury. She listed the date of recurrence as August 8, 2000 and indicated that she stopped work on August 25, 2000 and underwent surgery for a herniated disc repair. Appellant stated that, since her original injury, she had suffered yearly backaches requiring medication and physical therapy.

By letter dated January 19, 2001, the Office requested that appellant provide additional factual and medical information, including all relevant medical reports from 1993 onward and a rationalized report from her attending physician addressing the cause of her condition.

By decision dated May 23, 2001, the Office denied appellant's claim on the grounds that the evidence did not establish that she had a recurrence of disability causally related to her accepted employment injury and indicated that she may have suffered a new injury on

August 14, 2000. The Office informed appellant that she was free to file a new claim for traumatic injury resulting from the August 14, 2000 incident. The instant appeal follows.

When an employee, who is disabled from the job she held when injured on account of employment-related residuals, returns to a light-duty position or the medical evidence of record establishes that she can perform the light-duty position, the employee has the burden to establish by the weight of the reliable, probative and substantial evidence a recurrence of total disability and show that she cannot perform such light duty. As part of this burden, the employee must show a change in the nature and extent of the injury-related condition or a change in the nature and extent of the light-duty job requirements.¹ This burden includes the necessity of furnishing evidence from a qualified physician who, on the basis of a complete and accurate factual and medical history, concludes that the condition is causally related to the employment injury and supports that conclusion with sound medical reasoning.² Causal relationship is a medical issue³ and the medical evidence required to establish a causal relationship is rationalized medical evidence. Rationalized medical evidence is medical evidence, which includes a physician's rationalized medical opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors. The opinion of the physician must be based on a complete factual and medical background of the claimant, must be one of reasonable medical certainty and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant.⁴ In addition, medical evidence of bridging symptoms between the recurrence and the accepted injury must support the physician's conclusion of a causal relationship.⁵

In a narrative statement dated February 8, 2001, appellant stated that, since her original injury, she continued to take back pain medication and had suffered several severe episodes of pain each year for which she used a transcutaneous electrical nerve stimulator unit. Appellant stated that, at the time of her original injury, she had been told by her physicians that if the steroid injection treatment was not completely successful, she would have to have surgery. She stated that she did not wish to have surgery so she continued her attempts to control her pain with therapy and treatment until August 14, 2000, when she suffered a ruptured disc, necessitating surgery on October 7, 2000.

In support of her claim, appellant submitted copies of medical records from 1992 and 1993 relating to the original injury, including a December 18, 1992 magnetic resonance imaging (MRI) scan of the lumbar spine which documented a "tiny disc protrusion identified to the left of

¹ *George DePasquale*, 39 ECAB 295 (1987); *Terry R. Hedman*, 38 ECAB 222 (1986).

² *Frances B. Evans*, 32 ECAB 60 (1980).

³ *Mary J. Briggs*, 37 ECAB 578 (1986).

⁴ *Gary L. Fowler*, 45 ECAB 365 (1994); *Victor J. Woodhams*, 41 ECAB 345 (1989).

⁵ For the importance of bridging information in establishing a claim for a recurrence of disability, see *Robert H. St. Onge*, 43 ECAB 1169 (1992); *Shirloyn J. Holmes*, 39 ECAB 938 (1988); *Richard McBride*, 37 ECAB 738 (1986).

midline at the L5-S1 level probably of little clinical significance.” She also submitted current medical reports, beginning with an October 3, 2000 initial visit report from Dr. Huntly G. Chapman, her treating Board-certified orthopedic surgeon, who noted that appellant had been having back trouble since August 2000, that a recent MRI scan showed a large disc herniation at L5-S1 and that appellant was being evaluated for surgery. Following decompressive laminectomies, discectomy and foraminotomies at L5-S1 performed on October 7, 2000, in a narrative report dated October 27, 2000, Dr. Chapman noted appellant’s history of having fallen at work in 1992 and further noted that an MRI scan at that time showed a small herniated disc at L5-S1. He stated that, while appellant continued to work full time, she continued to receive prescription pain medication and periodic physical therapy. Dr. Chapman stated that, sometime in August 2000, appellant was referred for physical therapy and then later, “while at work on August 14, 2000, by history, while [appellant] was sitting at her desk, after lifting several boxes, [she] heard a “pop” in her back and had an immediate sensation of cold tingling....” He stated that immediate evaluation revealed a ruptured disc, but appellant opted to continue conservative treatments until the pain became too great and she underwent a laminectomy and discectomy on October 7, 2000. Dr. Chapman concluded that appellant was temporarily totally disabled from work. In an accompanying attending physician’s report, Form CA-20, he noted that appellant had a history of a prior employment-related back injury, with MRI scan findings of a small herniated disc at L5-S1. Dr. Chapman listed his current diagnosis as a large herniated disc at L5-S1, confirmed by an MRI scan performed on September 25, 2000. He indicated by checkmark that appellant’s current condition was caused or aggravated by her employment, stating “by history as stated in attached letter.”

The medical record in this case lacks a well-reasoned narrative from appellant’s physician relating her claimed recurrent condition to the November 19, 1992 employment injury. In his October 27, 2000 form report, Dr. Chapman indicated by checkmark that appellant’s large herniated disc at L5-S1 was causally related by history to her employment and directed the reader to his narrative report of the same date for further explanation. In his October 27, 2000 narrative report, however, he explained that the employment incident to which he referred occurred on August 14, 2000, when appellant lifted several boxes and subsequently felt a pop in her back. While Dr. Chapman’s reports supported a causal relationship, he provided no medical reasoning or rationale to explain his opinion and further appeared to be relating appellant’s condition to a separate recent incident and not to her November 19, 1992 accepted employment injury.⁶ In addition, while appellant stated that she had received ongoing medical treatment and therapy since her original injury, there is no “bridging evidence” which would relate appellant’s current back condition to her accepted employment injury. In fact, the record contains no medical evidence at all dating between June 15, 1993 and October 3, 2000, when she first saw Dr. Chapman.

⁶ The remaining medical evidence of record does not specifically address any causal relationship between appellant’s accepted injuries and her claimed recurrence of disability or condition.

The Board finds that, as appellant failed to submit any medical evidence to indicate that her current condition is causally related to the November 19, 1992 employment injury, she has failed to establish the requisite causal relationship for the recurrence and the Office properly denied her claim.⁷

The decision of the Office of Workers' Compensation Programs dated May 23, 2001 is hereby affirmed.

Dated, Washington, DC
November 26, 2002

Alec J. Koromilas
Member

Colleen Duffy Kiko
Member

Michael E. Groom
Alternate Member

⁷ On appeal, appellant asserted that she now has additional medical evidence documenting her continuing back problems between 1993 and 2000. Appellant may file a request for reconsideration.